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An Inaugural Essay on Delirium Tremens.

By John B. Tuft, of New Jersey.

Essay on Delirium Tremens.

I shall merely state the observations and inquiries which I have been able to make on this disease, without entering into a consideration of what has been previously said of it by Authors.

By the long and excessive use of ardent spirits, the system becomes in a great measure callous to its effects, and enables it to bear with impunity, this unnatural grade of high action: But, when this habitual stimulus by any cause becomes interrupted, then we have a corresponding degree of debility. Now, it is reaction taking place in this condition of the system, which, I conceive to be the immediate, or exciting cause of the disease in question.

This is a reaction, or excitement, of the Cerebral or nervous system, and other organs

may be in a state of great debility. Thus, we see Patients walking about, and even using strong muscular action, when the pulse could hardly be felt, and other indications of extreme exhaustion are present.

There is a circumstance connected with this subject, which I leave to others to account for, viz. That Delirium Tremens occasionally takes place when it could not be referred to any interruption of the Patients usual habits; but, has on the contrary, attacked him in the midst of his inebriety. This fact was first mentioned to me by a learned Physician of this City, and I have since witnessed its occurrence. This is an anomaly, and does not, of course, affect the general character of the disease.

Mania a potu, may be divided into three distinct and well-marked stages:

I. That of Tremor;

II. Of Excitement;

III. The stage of Convalescence.

I shall treat of these in the order in which they occur. 1. That of Tremor. This is one of the most characteristic and prominent precursors: Like the rippling surface of the stream, when ~~its~~ the winds begin to increase in violence, it soon manifests the greater agitation of the storm. These nervous tremors may be considered as furnishing a criterion often expected. They are generally greatest in the most intemperate persons, and always alarming in those who have previously been the subjects of the disease. Sometimes they are greater in proportion to the age of the Patient, as in old persons; at other times great in young persons,

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and recent cases, owing to some constitutional predisposition.

Tremors, however, are not necessarily an attendant: I have seen cases in which they have been entirely absent. In this stage, there is no unusual peculiarity in the pulse — tongue for the most part moist, the middle of a bluish or leaden colour. It is here that vomiting frequently attends, but rarely, or perhaps never, continues longer than until the Patient becomes slightly or delirious. This has furnished a hint to make an impression on the stomach by emetic medicines, and has given rise to the celebrated practise of Dr. Clapp, which was in so much vogue at one time.

II. This is the stage of excitement; the tremors now most commonly abate — the pupils contract — a perspiration breaks

out over the body — the mind now begins to wander, and complete delirium soon sets in. This delirium is of a peculiar kind; every thing indicating a highly excited state of the mental functions — The Patient is in a continual state of watching, talking, fancying and thinking. As in other kinds of mania, so in this, the mind is variously affected: One is harrassed with the most dreadful ideas of misery, thinking those about, have come to torment or murder him. Another imagines animals or fanciful objects in the wall, or capering through his room — Another is laughing constantly, and amuses one by his curious, and sometimes, witty expressions; crying too, occasionally attends, most frequently in women — a fretful kind of crying, attended

with moaning and peevishness, is not a good symptom, seeming to weaken the patient; but a sobbing and genuine flowing of tears is salutary. This state of Delirium may continue for 24, or 48, hours, and sometimes even longer, ending in a sound and uninterrupted slumber. Sleep is the sine qua non, the Patient for the most part wakes perfectly rational, and convalescence soon follows.

The above is an account of the occurence and termination of a favorable case of mania a potu. But sometimes the disease runs its course in so short a time that we have nothing to warn us of the danger — the sudden prostration is seldom roused, and if any great, the patient will almost always die — or, if relieved for the time, it requires constant watching to sustain his

strength.

Effusion on the brain evidently exists before death, yet is of a character differing from that which takes place in Epilepsy, or apoplexy, where the breathing is stertorous, and the mind unconscious - whereas, in mania a potu, the mind is clear and rational in some cases, even until death. The character of this effusion, would seem to verify the opinion mentioned by Dr Chapman viz. "That so far from constituting the disease, it is neither the principal nor accessary cause of death in the case; on the contrary, that it operates to the protraction of life, by imparting to the brain a certain degree of tone and support, which under different circumstances it loses."

Treatment. As we have here a disease of excessive nervous excitement, and to procure sleep is a great desideratum, the indication is plain,

to wit: Quiet the former, and the latter will almost universally follow. No article would seem to be more eminently calculated to do this than opium, and the comparative trials made between it, and other plans of treatment, fully justify such a conclusion. Treating with opiates, the common practice is, when once they are begun, to continue them unremittingly—sometimes increasing the dose every hour or two until sleep or death ensues. Opium in this disease seems to be almost as much abused as Mercury in Syphilis. As in the one, it is the Mercurial affection we sometimes have to contend with, so it is the opiate influence that is sometimes fatal in the other.

Omitting opiates through the day, or giving them in small quantities, and giving a powerful anodyne at night, so as to co-operate with the designs of nature, I conceive

to be the most efficient practise. I have given as much as Twenty-five grains of Opium in four or five doses during one night. If sleep should not ensue, the opium should be omitted during the day, and again recurred to at night, in doses suited to the urgency of the case. I have known no case wherein it has been necessary to pursue this plan of treatment beyond a third repetition, the disease generally yeilding to a second, and not unfrequently, to a first exhibition. In this way too great an accumulation of the opiate influence is prevented, and a direct and forcefull anodyne effect is produced. Should we not see the Patient until the delirium shall have existed for sometime, the opiate should be given immediately. When there is great debility, accompanied by cold, clammy sweats, nothing is better than Carb-

onate of Amm: together with enema of Spts Turpentine. At this juncture a blister to the head is of immense advantage. When Delirium Tremens is accompanied by other diseases, as Pleurisy, &c. we must bleed and use the remedies suited to such accompanying diseases, at the same time we are administering opiates.

Relapses sometimes occur: they are to be effectually guarded against by continuing opium in small quantities during the stage of Convalescence. This I know is contrary to the advice of some Physicians; but, on what facts they found their opinions, I am unable to determine.

Examinations post mortem, show the brain to be the principal seat of the disease. Effusion, often to a large amount, exists between the pia-mater and arach-

noid membranes, extending towards the basis of the brain and down the spine. When the effusion is great, the vessels relieving themselves are found not much injected: but on the contrary, when there is little effusion, the venous vessels together with the capillaries are full and turgid.

Of the great variety of medicines which have, at different times, been proposed, as curatives, in this disease, I have had no experience, and therefore, am not prepared to say any thing of them. The opiate practice, so far as I have had opportunities of judging, has been so successful as not to call for a change.

Of Thirty-five Patients who were under my care in the Philadelphia Almshouse, and who were treated in the way above proposed, not one case terminated fatally.

The foregoing is a sketch of some

of the most prominent features of Mania a potu. I might easily have given a more minute detail of it, but this would have been only a repetition of what others have said. This paper, therefore, as imperfect as it may be, is respectfully submitted to an indulgent consideration.

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